MOJO Running - Health Questionnaire

FULL NAME:		
ADDRESS AND POST CODE:		
DATE OF BIRTH:		
E-MAIL		
MOBILE/TEL NO.		
EMERGENCY CONTACT:	FULL NAME	MOBILE/TEL NO.

MEDICAL INFORMATION

Do you have any of the following conditions:

Condition	YES	NO	Details
Heart Problems			
Cancer			
Diabetes			
Asthma			
High Blood Pressure			
Epilepsy			
Joint Problems			
Back Pain			
Long covid			
Recent Surgery (please provide details and give dates)			
Recent Injuries. If yes, please provide details			
Current Prescriptions/Medications			

Please provide any other information you think is relevant e.g. current pregnancy, allergies.

TERMS AND CONDITIONS OF RUNNING WITH MOJO - Please read carefully before signing.

The attached Health Questionnaire is your opportunity to provide information that will assist us in evaluating your current level of health and fitness. We recommend that participants check with their General Practitioner prior to taking up running. ***All asthmatic and EpiPen participants must take their inhaler/EpiPen with them on all runs, whether they think they are likely to need it or not.***

Your details will be kept confidential and will not be shared with others without your permission.

By signing this document (by hand or electronically typing your name) you understand and agree to the following:

There is a possibility of accident or injury when running on or off road, and that participation is at your own risk.
It is your responsibility to point out to the coach before a session any injury or medical condition that you may have.

Please do not run if you are feeling unwell. If you feel unwell during any run, please always let the coaches know.

Participation is at your own risk.

Signed:	Date: